2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name
N/A

Name
Dr VIVEK PHUTANE

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"'-I am employed as a Consultant Psychiatrist by [redacted]Health), a state-funded health service. I have worked with the Aged Persons Mental Health Service (APMHS) of [redacted] for the last 4 years. I am currently completing Certificate of Advanced Training in Psychiatry of Old Age of the Royal Australian & New Zealand College of Psychiatrists (RANZCP). I have published over 30 publications in peer-reviewed journals. I will focus on the mental health needs of older Australians, especially those living in rural areas. -Social contact (face to face rather than audio-visual) is the most effective intervention to reduce mental health stigma and intended behavior (Thornicroft G et al, Lancet 2016). This is particularly important in old age, where the rates of loneliness are the highest. In 2015, Australian Bureau of Statistics (ABS) published that more than one-quarter (27%) of older people living in households lived alone and this proportion is projected to remain about the same through to 2036. Women were more likely to live alone than men (35% compared with 18%) (https://www.aihw.gov.au/getmedia/d18a1d2b-692c-42bf-81e2-47cd54c51e8d/aihw-australias-welfare-2017-chapter5-1.pdf.aspx) -In Victoria Health's letter on loneliness, it was reported that loneliness is a new public health problem (https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness). Loneliness can affect people at any point but is more common among two key groups: older individuals aged 75 and above and, perhaps surprisingly, young people aged 15-25 years. -It was also mentioned that feeling lonely can pose a bigger risk for premature death than smoking or obesity (Holt-Lunstad et al, American Psychologist 2017). -A systematic review of an intervention targeting social isolation in older people suggested that interventions offering contact with family and friends, social activities, support within group format and interventions wherein active participation of older people are more effective (Dickens A et al, BMC Public Health 2011). -I propose these interventions will not only help stigma associated mental illness but also loneliness in older people. References: -Thornicroft G, Mehta N, Clement S, et al. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. Lancet 2016; 387 (10023): 1123-1132. -https://www.aihw.gov.au/getmedia/d18a1d2b-692c-42bf-81e2-47cd54c51e8d/aihw-australias-welfare-2017-chapter5-1.pdf.aspx -https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness -Holt-Lunstad J, Robles TF, Sbarra DA. Advancing social connection as a public health priority in the United States. Am Psychol 2017; 72 (6): 517 - 530. -Dickens AP, Richards SH, Greaves CJ et al. Interventions targeting social isolation in older people: a systematic review. BMC Public Health 2011; 11: 647."

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?
"'-The APMHS at [redacted] liaises with General Practitioners (GPs) regularly. This collaborative work between APMHS and GPs helps in the comprehensive management of both physical and mental health of older people. -ABS Census of Population and Housing 2016 reports that the

likelihood of living in cared accommodation, mostly residential aged care facilities (RAC), increased sharply with age from 1.0% of people aged 65 to 74 years to almost a quarter (24%) of those aged 85 years and over. In the 85 years and over age group, women were more likely than men to live in cared accommodation (28% compared with 17%) (https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Ageing%20Population~14) -When the lifetime risk of RAC usage is examined in the time before their deaths, it was found that the place of death was RAC in 32% of all people aged 65 years and over who died in Australia (Broad et al, International Journal of Public Health 2013) - Many GPs visit RACs to manage older people. However, in recent times certain some practices have changed their schedule of fees, which makes it difficult for older people in RACs to access even basic medical care. This change has apparently been triggered by a Federal Government freeze on rebates that have left practices increasingly out of pocket necessitating the new fee regime. -I propose the federal government should remove the freeze on Medicare rebates for GPs to visit the residential aged care facilities. Also further increase in remuneration for GPs to visit the residential aged care facilities will help them visit the residential aged care facilities. References: -
https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Ageing%20Population~14 -Broad JB, Gott M, Kim H, et al. Where do people die? An international comparison of the percentage of deaths occurring in hospital and residential aged care settings in 45 populations, using published and available statistics. Int J Public Health 2013; 58 (2): 257 267. "

What is already working well and what can be done better to prevent suicide?
"'-The rate of suicide across all age groups in Australia is the highest in older people. The rate of suicide increases with age among people older than 60. In 2017, the highest age-specific suicide rate was highest among males aged 85 years and older, recording 32.8 deaths per 100,000 persons.
(https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3) -The ratio of deliberate self-harm to suicide varied from 200 to 1 in teenagers to 10 to 1 in those aged 60 and older (Hawton K and Harriss L, Suicide Life-Threatening Behavior, 2008). -Most people who die by suicide have psychiatric disorders, notably mood, substance-related, anxiety, psychotic, and personality disorders, with comorbidity being common (Hawton K and van Heeringen K, Lancet 2009). -Older people are more likely to access their GPs but may be less likely to access specialist services, especially in rural areas. So, ease of access followed by comprehensive management of psychiatric disorders in old age is a key factor in the prevention of suicide in this age group. -I propose that there should be an increase in resources to APMHS in rural and remote areas that will allow for more GP practice based consultations for early identification and treatment, which will help in the prevention of suicide in older age. References: -
https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3 -Hawton K and Harriss L. How often does deliberate self-harm occur relative to each suicide? A study of variations by gender and age. Suicide Life Threat Behav 2008; 38 (6): 650 660. -Hawton K and van Heeringen K. Suicide. Lancet 2009; 373 (9672): 1372 1381. "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health

treatment and support and how services link with each other.

"'-I find accessibility to services is a major challenge for older people in rural areas. -As per ABS 2015, more than one-quarter (27%) of older people living in households lived alone and this proportion is projected to remain about the same through to 2036. Women were more likely to live alone than men (35% compared with 18%) (https://www.aihw.gov.au/getmedia/d18a1d2b-692c-42bf-81e2-47cd54c51e8d/aihw-australias-welfare-2017-chapter5-1.pdf.aspx). -This a major challenge in rural areas, as for many their children would have moved away, some to urban locations in rural areas and many more to metropolitan areas. -Older adults in rural areas also have considerable problems in accessing suitable transport. -A systematic review of telehealth in Australia reported that telehealth services significantly improved the access to health services in rural and remote Australia (Bradford et al, 2016). -I propose an increase in resources of telehealth services can be considered to improve the access to various health services in rural and remote areas. References: -https://www.aihw.gov.au/getmedia/d18a1d2b-692c-42bf-81e2-47cd54c51e8d/aihw-australias-welfare-2017-chapter5-1.pdf.aspx -Bradford NK, Caffery LJ, and Smith AC. Telehealth services in rural and remote Australia: a systematic review of models of care and factors influencing success and sustainability. Rural Remote Health 2016; 16 (4): 3808. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"'-The poor mental health outcome in older people in Victoria is due to multiple factors. This includes loneliness, increase in the comorbidity of both mental and physical health issues and an increase in the probability of people living at the residential aged care facility. -I propose that loneliness and social isolation should be addressed along with comprehensive management of both physical and mental health issues in people living at the residential aged care facility is essential in improving mental health outcomes in older people in Victoria. "

What are the needs of family members and carers and what can be done better to support them?

"'-The 2019 Dementia Australia prevalence data reveals that there are currently an estimated 447,115 people living with all forms of dementia. Without a major medical breakthrough, this figure is projected to increase to 1,076,129 people by 2058. (https://www.dementia.org.au/information/statistics/prevalence-data) -In 2018, dementia is estimated to cost Australia more than $15 billion. By 2025, the total cost of dementia is predicted to increase to more than $18.7 billion in today's dollars, and by 2056, to more than $36.8 billion (The National Centre for Social and Economic Modelling NATSEM (2016) Economic Cost of Dementia in Australia 2016-2056) -Dementia is the single greatest cause of disability in older Australians (aged 65 years or older) and the third leading cause of disability burden overall (Australian Institute of Health and Welfare (2012) Dementia in Australia) -A meta-analysis found dementia family caregivers to be significantly more stressed than non-dementia caregivers and to suffer more serious depressive symptoms and physical problems (Pinquart M and Sorensen S, Psychological Aging 2003). Dementia caregivers are at risk for cardiovascular diseases, especially hypertension, which is mediated by a chronic inflammatory response and sympathetic over-activation (Patterson TL and Grant I, Current Opinion in Psychiatry 2003) -Dementia carer consultants provide support, advice, and education to build carer skills and confidence in carers. They can assist with information about dementia, strategies to help with behavior changes, planning for the future and links to other dementia services. Group sessions are also very effective. -In rural areas, we do not have any much availability of carer consultants to support

carers. -At rural APMHS, we do not have any funding for the dementia carer consultants. -I propose the role of carer consultants at all rural APMHS to help support carers and reduce caregiver burden. References: -https://www.dementia.org.au/information/statistics/prevalence-data -The National Centre for Social and Economic Modelling NATSEM (2016) Economic Cost of Dementia in Australia 2016-2056 -Australian Institute of Health and Welfare (2012) Dementia in Australia -Pinquart M and Sorensen S. Differences between caregivers and non-caregivers in psychological health and physical health: a meta-analysis. Psychol Aging 2003; 18 (2): 250 - 267. -Patterson TL and Grant I. Interventions for caregiving in dementia: physical outcomes. Curr Opin Psychiatry 2003; 16 (6): 629 - 633."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
N/A

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?
N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
N/A

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
N/A

Is there anything else you would like to share with the Royal Commission?
N/A